



Benefit Services Division
P.O. Box 1652
Sacramento, CA 95812-1652
(888)CalPERS (225-7377), FAX (916)795-1281

REPORT OF SEPARATION FOR DEATH – REQUEST FOR PAYROLL INFORMATION

PERS-BSD-738 (2/01)

PLEASE COMPLETE AND FAX TO (916) 795-1281 AS SOON AS POSSIBLE

Agency Code:	Agency Name:	
Member Name:	SSN:	Date of Death:

We have been notified that the above member has died. Your cooperation in immediately providing the following information is an important part of ensuring the accurate and prompt payment of death benefits.

PART I. EFFECTIVE DATES REGARDING SEPARATION – Please explain any difference between date of separation and last day on pay status, or, if member was on a leave of absence give dates of absence. Timebase: indicate whether member was fulltime, part-time, indeterminate, or intermittent. If part-time, also indicate required hours (i.e., 30/40 for member working 30 hrs per week).

Separation Date:	Reason for Sep (if separation <u>not</u> due to death):	
Last Day on Pay Status:	Timebase:	Required Hrs:

PART II. PAYROLL AND CONTRIBUTION INFORMATION – Please complete this section for the LAST FOUR MONTHS on pay status, by payroll service period. Contributions should not be deducted after separation. For retroactive pay increases, provide the inclusive dates of the increase as well as the new payrate, total earnings, and contributions for the period of the increase. Any special compensation should also be shown below (i.e., uniform allowance, holiday pay, etc.).

Pay Period From	Pay Period To	Payrate	Gross Earnings (regular)	Member Cont. (regular)	Special Comp. Earnings	Special Comp. Contrib.	OTHER (specify)

PART III. UNUSED SICK/EDUCATIONAL LEAVE AT TIME OF SEPARATION - Please enter the total number of days of unused sick leave and educational leave credits (Section 20963.1) the employee had at the time of separation. Accumulated hours must be converted to days using the appropriate factor applicable to each employees' individual classification or position. Calculate to three decimal places.

TOTAL UNUSED SICK LEAVE: _____ DAYS
BALANCE OF EDUCATIONAL LEAVE CREDITS: _____ DAYS

PART IV. HEALTH AND DENTAL INSURANCE - To be completed only by State agencies and Public agencies which contract for health and/or dental coverage under the Public Employees' Hospital and Medical Care Act. Please attach copies of current health and dental enrollment forms. Failure to provide this information may result in lapse of coverage for eligible annuitants. Bargaining code will need to be provided for Public agency employees ONLY.

Type of Coverage	Plan Name	Name(s) of Covered Dependents	Bargaining Code (If Applicable)
HEALTH INSURANCE			
DENTAL INSURANCE			

PART IV. CERTIFICATION OF EMPLOYER – The above information is based on payroll information currently available.

Signature of Payroll Officer	Title	Telephone #	Date
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